

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755635

FILED  
Jan 23, 2009  
Secretary of State

**Entity Name:** APOSTOLIC CHRISTIAN CHURCH (NAZAREAN) OF FLORIDA, INC.

**Current Principal Place of Business:**

7401 N LYONS ROAD  
COCONUT CREEK, FL 33097 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 97-0574  
COCONUT CREEK, FL 33097 US

**New Mailing Address:**

7401 N LYONS ROAD  
COCONUT CREEK, FL 33097 US

**FEI Number:** 59-2525337

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MUELLER, ROGER  
14282 CYPRESS ISLAND CIR.  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MUELLER, ROGER  
Address: 14282 CYPRESS ISLAND CIR.  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D ( ) Delete  
Name: REYES, TY  
Address: 2500 NW 79TH AVENUE  
City-St-Zip: MARGATE, FL 33063

Title: SD ( ) Delete  
Name: LEIMGRUBER, WERNER  
Address: 4001 N. OCEAN BLVD. #904B  
City-St-Zip: BOCA RATON, FL 33431

Title: TD ( ) Delete  
Name: KINKEL, ALICE  
Address: 1325 E BARWICK RANCHCIRCLE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: VD ( ) Delete  
Name: RIOUX, NORMAN  
Address: 5766 NW 127 TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33076

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICE KINKEL

TD

01/23/2009

Electronic Signature of Signing Officer or Director

Date